



How to choose and sign up for your health plan

Now that you're in Healthy Options, you need to pick a health plan. Use this booklet and the green sheets of health plan information to help decide which plan is best for you and your family.

When you have decided which plan you want, you need to let us know so we can sign you up for that plan. It's easy — just call the number listed below (or you can fill out the sign-up form and send it in). Don't delay — you need to call or send us the form by the 15th of the month.



Healthy Options
1-800-562-3022

To sign up or ask questions, call us at 1-800-562-3022 Monday through Friday, 7AM to 6PM.

The TTY/TDD line is 1-800-848-5429 (for people who have difficulties with hearing or speech).

Calls to these numbers are free, and we'll be glad to help you.

What's in this booklet

About Healthy Options and why you need to pick a health plan	page 1
Things to know before you pick a plan, including rules about PCPs and how you get your care	page 2
How to choose your health plan	page 3
Do you <u>have</u> to be in a health plan? (<i>there are a few exceptions to the rule that everyone must be in a plan</i>)	page 4

Do you need the information in this booklet in a different format?

If it is hard for you to read this booklet, please call us at 1-800-562-3022 to ask for another format such as large print. The TTY/TDD line is 1-800-848-5429 (for people who have difficulties with hearing or speech).

This booklet has been translated into other languages:



1-800-562-3022

본 책자를 한국어로 입수하시려면 1-800-562-3022 로 연락하십시오.

ដើម្បីទទួលបានសៀវភៅនេះជាភាសាខ្មែរ ម្ចាស់, សូមទូរស័ព្ទទៅ 1-800-562-3022.

Muốn có tập sách này bằng Tiếng Việt, xin gọi số 1-800-562-3022.

Para obtener una copia de este folleto en español llame al 1-800-562-3022.

ដើម្បីបានទទួលសៀវភៅតូចនេះជាភាសាខ្មែរមួយច្បាប់, សូមទូរស័ព្ទទៅ 1-800-562-3022 ។

Звоните по телефону 1-800-562-3022 для получения этого буклета на русском.

如需中文版的手冊，請電：1-800-562-3022。



About Healthy Options and why you must pick a plan

What is Healthy Options? What is a health plan?

Healthy Options is a medical care program for people who are on Medical Assistance. The Healthy Options program uses several health insurance companies — called health plans — to give medical care to people who are on Healthy Options. You need to pick one of these plans for yourself and others who are listed on your medical ID card (you get this card each month from Medical Assistance).

Why do you have to pick a health plan?

Since there is more than one health plan where you live, you need to pick which one you want to be in.

Which plans can you choose from?

It depends on where you live. Look at the green sheets of plan information. These sheets tell where the health plans are available and give phone numbers for the plans. You will need to pick a health plan that is in your county.

What if you have doctors you want to use?

If there are doctors you would like to use, find out which plans they are with *before* you sign up for a plan. To find out, you can call the doctor or call the health plan. Some doctors are with more than one plan.

When you're ready, how do you sign up for a health plan?


You need to sign up by the 15th of the month. When you have picked your plan, let us know right away so we can sign you up. It's easy — just call the number on the cover of this booklet (or you can fill out the sign-up form and send it in).

What happens if you don't tell us which health plan you want?

If we don't hear from you by the 15th of the month, a computer will pick a plan for you, and you may not be able to use the doctors, hospitals, and other providers you want.

What happens after you sign up?

Once you are signed up, your plan will send you a plan ID card. You will need to show this plan ID card *and* your medical ID card (the one you get each month from Medical Assistance) each time you get medical care.



Things to know before you pick a plan, including rules about PCPs and how you get your care

Does everyone in your family have to be in the same health plan?

For nearly everyone, the answer is yes. There are a few exceptions. These include children with special health care needs, and families with members who are American Indian or Alaska Native. If you or someone listed on your medical ID card is American Indian or Alaska Native, there's a separate information sheet just for you that explains the choices you have about how to get your health care.

When you're in a health plan, can you go to any doctor or hospital that you want?

No. Each health plan has certain doctors and other medical providers you must use. Most of the plans also have certain hospitals and pharmacies you must use. For all of the plans, the hospitals you can use also depends on which hospitals your doctor uses.

Your PCP will take care of most of your health care needs

You will go to one person in your plan for most or all of your care. This person is called your PCP, which stands for Prietary Care Provider.

- Your PCP can be a doctor, nurse practitioner, or physician assistant.
- If you need care from a specialist or other provider, your PCP will help you get it.

You can get care for pregnancy or other women's health care without a referral from your PCP

If you are a woman, you don't need a referral (permission) from your PCP to get care for pregnancy or other women's health care — ***as long as the person you see for women's health care is in the plan you pick.***

Can you and others on your medical ID card have different PCPs?

Yes. You and others listed on your medical ID card can have different PCPs ***as long as all of them are in the health plan you pick.***

How to choose your health plan

All of the health plans cover the same basic medical services

Each plan offers the same benefits. The plan you pick will send you more information about what is covered, and your PCP will help you get the care you need. In general, your benefits include office visits, checkups and other preventive care, maternity care, care from specialists, hospital care, surgery, lab and x-ray services, prescription medicine, medical supplies and equipment, home health care, ambulance for emergencies, and eye exams.

Find out more about the plans you can choose from

Even though all plans give you the same benefits, there are some differences among them to consider before you make your choice. To help compare the plans you can choose from, look at the “green sheets” of plan information that came with this packet. These green sheets give you a phone number to call if you want to ask questions before you sign up. The green sheets also show how well the plan did on the survey of people on Healthy Options that asks about experiences they have had with their plan.

Think about the doctors and other medical providers you want to use for you and your family

If there are doctors or hospitals you would like to use, find out which plans they are with *before* you sign up for a plan. Some are with more than one plan. Remember, which hospitals you can use also depends on which hospitals your doctor uses.

Do you need help to find a PCP?

If you need help finding a doctor or other medical person to be your PCP (Primary Care Provider), here are some ways to get information about PCPs:

- You can call the plan you want to be in (the number is on the green information sheet). The plan will help you pick one of its doctors or other medical providers to be your PCP.
- You can ask for a list of PCPs who are with the health plans in your area. Look for the postcard in this packet.
- You can visit the Internet Provider Directory website. Your public library may have internet access you can use for free.



<http://maa.dshs.wa.gov/ipndweb/>



Do you have to be in a health plan?

In nearly all cases, the answer is yes – you have to be in a health plan. But here are some exceptions:

1. **People who are American Indian or Alaska Native** are *not required* to sign up for a health plan. There is a separate information sheet that explains several choices you have if you are American Indian or Alaska Native. If you need this sheet or have questions, please call 1-800-562-3022.
2. **People who have other health insurance** may not have to be in Healthy Options. Some people have additional health insurance besides Medical Assistance. If this is your situation, we will let you know whether you will be in Healthy Options or not.
3. **Children with special health care needs** who are getting services from a public health or community health nurse with your county's *Children with Special Health Care Needs Program* may be eligible for an exemption. Please call 1-800-562-3022 to talk about how they will get their medical care.
4. **Children who are in foster care placement** through the Division of Children and Family Services (DCFS) are *not* in health plans.


Asking for a “temporary exemption”

Besides the exceptions listed above, this section tells about some other situations where you might not have to sign up for a health plan. If you have one of these situations, you can ask for a “temporary exemption” from signing up for a health plan:

- “Exemption” means that you do not have to sign up for a health plan.
“Temporary” means that the exemption only lasts for a while: if your situation changes, your exemption will end and you will have to sign up for a plan.
- Temporary exemptions are not automatic. If you have one of the situations listed below, call us and ask for a temporary exemption. We will review your reasons and decide whether you get one.

Possible reasons for a temporary exemption:

1. If you are homeless, and you will live in a shelter or temporary address for less than 120 days (less than about four months), you do not have to sign up for a health plan.



Call us at the number on the cover of this booklet.

2. If you have strong medical reasons to use a doctor or other provider who is not in a health plan, you or your provider may ask for an exemption. Here are some reasons you might be able to get a temporary exemption:

- If you are pregnant and have been getting your prenatal care from a doctor or other medical provider who is not in a plan.
- If you are seeing a doctor or other medical provider who is not in a plan — and this person tells us the medical reasons why you need to keep getting your care from him or her instead of signing up for a plan.
- If you are deaf or hearing impaired and want to see a doctor or other medical provider who knows sign language — and this person you want to see is not in a plan.
- If you can't speak much English and you want to see a doctor or other medical provider who talks with you in your own language — and this person you want to see is not in a plan.
- If you sign up for a health plan, and the nearest plan doctor or other provider you could go to is far away (more than 25 miles away, or it takes you more than 45 minutes to get there). Instead of signing up for a plan, you would like to keep seeing a doctor or other provider who is closer than this.

Remember you must call and ask if you want an exemption.

